SCHEDULE E)	PAGE 1 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
CREDO SUPERPAC				
	C C00507517			
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee Katie Cozort Date				
Mailing Address 2611 Glen Eden Dr	09 / 12 / 2012			
Amou	ınt			
City State Zip Code	625.00			
Raleigh NC 27612	ection ID : SE.8570			
Purpose of Expenditure Payroll Category/ Type Category/ Type	ht: House State: IL Senate District: 08			
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———			
JOE WALSH Check One:				
Calendar Year-To-Date Per Election for Office Sought 19370.99 Disburseme	nt For: Primary General ther (specify)			
Full Name (Last, First, Middle Initial) of Payee Katie Cozort Date	M M / D D / Y Y Y Y			
Mailing Address 2611 Glen Eden Dr	09 26 2012			
Amou	ınt			
City State Zip Code Raleigh NC 27612	625.00			
Purpose of Expenditure Payroll Category/ Type Office Soug	Action ID : SE.8576 Int: House State: IL Senate District: 08			
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———			
JOE WALSH Check One:	: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 23245.99 Disburseme 2012	nt For: Primary General ther (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1250.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	171171171			
(c) TOTAL Independent Expenditures	7 1 7 1 7 1			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Becky Bond [Electronically Filed] Date 09	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

(SCI	HEDULE E)			PAGE 2 FOR SE OF	OF 5 FORM 24/48
l .	ME OF COMMITTE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
CF	REDO SUPERPAC		С	C00507517	
Che	eck If 24-hour report X 48-hour report New report Amends repo	rt filed on	M = M	/ D D /	Y Y Y Y Y
Т	Full Name (Last, First, Middle Initial) of Payee				
1	Impact Dialing	Da	ate	/ D D /	Y Y Y Y Y
	Mailing Address 3543 19th Street	Ar	09 mount	12	2012
╌	City State Zip Code				
	San Fracisco CA 94110	Tra	nsaction	ID : SE.8572	125.00
	Purpose of Expenditure Phones Category/ Type	Office So	ought:	House Senate	State: IL District: 08
ı	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	JOE WALSH	Check C	One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburse 2012	Other (r: Primary specify)	General
	Full Name (Last, First, Middle Initial) of Payee Impact Dialing	Da	ate 09	/ 13 /	2012
	Mailing Address 3543 19th Street		00	10	20.2
		Ar	mount		
	City State Zip Code	П			625.00
	San Fracisco CA 94110	Tra	nsaction	ID : SE.8573	020.00
	Purpose of Expenditure Phones Category/ Type	Office S		X House Senate	State: IL District: 08
ı	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
ļ	JOE WALSH	Check C	One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburse 2012	other (r: Primary specify)	General
(;	a) SUBTOTAL of Itemized Independent Expenditures			7 1 7	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Becky Bond [Electronically Filed] Date	M M M	/ D 27		Y
	Signature	03	21	201	

(SCHEDULE E)	PAGE 3 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
CREDO SUPERPAC	C C00507517			
Check If 24-hour report X 48-hour report New report Amends report filed on	M			
Full Name (Last, First, Middle Initial) of Payee				
Kyran McCann	A M / D D / Y Y Y Y			
Mailing Address 220 S Roselle Rd Amou	09 12 2012			
City State Zip Code				
Schaumberg IL 60193	1000.00 ction ID : SE.8568			
Purpose of Expenditure Payroll Category/ Type Category/				
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
JOE WALSH Check One:	Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Disburseme	nt For: Primary General ther (specify)			
Full Name (Last, First, Middle Initial) of Payee Date				
Kyran McCann	09 26 2012			
Mailing Address 220 S Roselle Rd	09 26 2012			
Amou	int			
City State Zip Code Schaumberg IL 60193	1000.00			
Purpose of Expenditure Category/ Office Soug	ht: House State: IL			
Payroll Type	Senate District: 08			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
JOE WALSH Check One:	Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Disburseme 21995.99 Disburseme 2012	nt For: Primary General ther (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	2000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Becky Bond [Electronically Filed] Data 09	07 / Y Y Y Y Y Y			
Signature [Electronically Filed] Date 09	27 2012			

(SCI	HEDULE E)			PAGE 4 FOR SE OF	OF 5 FORM 24/48
l	ME OF COMMITTE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
CF	REDO SUPERPAC		С	C00507517	
Che	ck If 24-hour report X 48-hour report New report Amends repo	rt filed on	M = M	/ D = D /	Y Y Y Y Y
Т	Full Name (Last, First, Middle Initial) of Payee				
	Eric Ming	Da	ite 09	/ D D /	2012
	Mailing Address 3379 Hawkeye Court	An	nount	12	2012
	City State Zip Code				
	Green Bay WI 54313	Trai	nsaction	ID : SE.8571	875.00
	Purpose of Expenditure Payroll Category/ Type	Office So	ought:	X House Senate	State: IL District: 08
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
ļ	JOE WALSH	Check C	ne:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburse 2012		r: Primary (specify)	General
	Full Name (Last, First, Middle Initial) of Payee Eric Ming	Da	M M	/ D D /	2012
	Mailing Address 3379 Hawkeye Court		09	26	2012
	•	An	nount		
	City State Zip Code				937.50
	Green Bay WI 54313			n ID : SE.8577	
	Purpose of Expenditure Payroll Category/ Type	Office So	ought:	X House Senate	State: IL District: 08
ı	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	JOE WALSH	Check C	ne:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburse 2012		r: Primary (specify)	General
(8	s) SUBTOTAL of Itemized Independent Expenditures				1812.50
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Becky Bond [Electronically Filed] Date	M M M	/ 27		Y
	Signature	08	21	201	-

SCHEDULE E)	PAGE 5 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
CREDO SUPERPAC	C C00507517			
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Carolyn Quinn	Mam / Dad / Yayayay			
Mailing Address 222 Cedarcrest Dr.	09 12 2012 mount			
City State Zip Code	inount			
Schaumberg IL 60193	625.00			
Purpose of Expenditure Category/ Category/	Ansaction ID : SE.8569 Sought: House State: IL			
Type	Senate District: 08 President			
Name of Federal Candidate Supported or Opposed by Expenditure: JOE WALSH Check (
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Carolyn Quinn	Date			
Mailing Address 222 Cedarcrest Dr.	09 26 2012			
A	mount			
City State Zip Code Schaumberg IL 60193	625.00			
Purpose of Expenditure Category/ Category/	Sonoto ——			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 08			
JOE WALSH Check (One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 22620.99 Disburs 2012	ement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1250.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	7062.50			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Becky Bond [Electronically Filed] Date 09	27 2012			
Signature	2012			